

ADR Care Homes Limited

# Keneydon House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Keneydon House is a care home, providing personal care and accommodation for up to 21 older people, some of whom live with dementia. At the time of the inspection, 15 people were living at the service.

### People's experience of using this service:

The provider had quality monitoring process that looked at all areas of the service. The provider and the manager continually reviewed the service and the staff team worked hard to ensure people's care and support needs were fully met. However, medicine systems and auditing processes required improvement.

The manager demonstrated that lessons were learned to make improvements to the service where required. People and staff were given opportunities to make suggestions and provide feedback about the service.

People and staff had developed good relationships. We saw staff were kind and caring and met people's needs in a timely way. Observations during the inspection confirmed people were happy in the homely environment provided.

Relatives we spoke with were happy with the communication they received and were confident their relatives were cared for and safe. The provider had systems in place to gain people's views. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

### Rating at last inspection

The last rating for this service was requires improvement (published 5 July 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This was a planned inspection' based on the previous rating. We undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Keneydon House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Keneydon House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Keneydon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced from the car park on our arrival at the service. This was to establish the personal protective equipment (PPE) requirements for our visit and to ensure we were aware of any person who was living at the service who may be 'shielding', enabling us to respond accordingly.

#### What we did before the inspection

Prior to our inspection we reviewed and analysed the information we held about this service. This included reviewing statutory notifications the service had sent us. A notification is information about important events which the provider is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service.

During the inspection

We spoke with nine members of staff including the registered manager, nominated individual, care staff, the cook and the cleaner. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed people and staff interactions. We reviewed medicine and infection control practises.

After the inspection. We requested documentation relevant to safe, effective and well-led domains discussed in this report. We looked at records in relation to recruitment, training, care and staff supervision. We also looked at a variety of records relating to the management of the service, including audits and quality assurance reports and surveys. We contacted two relatives for their views about the care provided and a health care professional to seek their feedback.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicine were not always managed safely. We checked medicines stock and found that there were 24 tablets missing or unaccounted for between two people. Following the inspection, the manager confirmed that the missing medicines were found within the trolley.
- Profiles giving staff instructions as to when and why to administer given 'as required' medicines were not all in place.
- A profile that was in place for one person did not provide full details of other techniques to use before resorting to the medicine being administered. A more detailed profile was sent following the inspection but did not contain the techniques that were described by the care worker during the inspection.
- The records for administering prescribed creams was not always signed by the person who had administered the cream. Therefore, the administration records were not accurate.
- The record for the ensuring the room remained at the correct temperature was unavailable. However, the records were sent after the inspection and these were not completed daily as required.
- Medicine audits undertaken by the manager had not identified the issues found during the inspection.
- Staff received and disposed of medicines safely. Staff involved in handling medicines told us they received training.

### Assessing risk, safety monitoring and management

- People care, and support records reflected their needs. However, some records needed more detailed guidance for staff to help support people's needs and risk.
- Staff demonstrated they knew people well and understood their support needs, for example around their mobility or dietary needs. Staff knew how to manage associated risks. A relative said, "They [Staff] are really good."
- Risk assessments were reviewed regularly or when people's needs change. We spoke with one district nurse who confirmed the manager and staff worked well in identifying and raising any care and support needs.

### Systems and processes to safeguard people from the risk of abuse

- Staff received appropriate training and understood how to keep people safe. One staff member said, "We complete skin checks and if we have any concerns we always report to the manager."
- Systems were in place to ensure people, relatives and staff remained safe. For example, staff understood the importance of reporting any concerns or incidents without delay.

### Staffing and recruitment

- There were enough staff with relevant skills on duty during the inspection. People's needs were addressed in good time. The service was calm and relaxed.
- Recruitment practices completed by the provider ensured staff were of good character. Checks in place confirmed staff were suitable to be employed.

### Preventing and controlling infection

- Staff understood and followed procedures that promoted good infection, prevention and control standards.
- Staff received training on how to wear and take off personal protective equipment (PPE). Any visitor to the service had their temperature checked and infection procedure requirements explained. The service, at the time of inspection, had remained free of COVID-19 infections.
- The manager and staff confirmed there was plenty of PPE and cleaning equipment to ensure best practice.

### Learning lessons when things go wrong

- Incidents and accidents were reviewed, and action taken to ensure better practices. Information was shared with staff at hand overs and team meetings. However, we found that lessons were not always learned in relation to documentation and applications to registration.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People's menu choices were checked by the cook to ensure people received the food they wanted. There were alternatives if people changed their minds.
- Staff supported people to eat in a caring way. Staff where needed, offered to cut up people's food and assist with any needs people had.
- However, the overall meal time experience could be improved upon. For example, ensuring all cutlery and condiments are available on the tables at the start of people's meal times. We spoke with the Nominated Individual about this. They confirmed they will make improvements to the meal time experience.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We found these were met.

- Where required, the manager ensured DoLS applications were made. People's had best interest decisions in place to ensure the right care and support was offered.

Staff support: induction, training, skills and experience

- The provider ensured staff received appropriate training. All new staff completed an induction which included all relevant training and support before working independently.
- Staff confirmed they had regular training and completed an induction. Staff received monthly supervisions where they were supported to develop.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;



- People were supported by staff that knew them well and were aware of their individual needs. People's preference and views were sought, for example their feedback about the food they liked.
- We observed staff offering choices and engaging with people in a kind and patient way. People were not rushed. One relative said, "Very happy mum is in their care."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access health services such as GPs, community nurses, chiropodist, dietitians and opticians.
- Staff received daily hand overs and were aware of people's immediate needs.

Adapting service, design, decoration to meet people's needs

- Keneydon House is an older style building. The environment was clean and bright, with good signage throughout the service. This meant people were aware of areas such as communal bathrooms and toilets.
- People had access to the equipment they needed. For example, individual slings if they required a hoist when repositioning, or walking frames to promote people's independence while keeping people safe.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post when we inspected. The manager at Keneydon House had made four applications since May 2020 which had been rejected, appropriate advice was given by CQC. As a result of not been registered we have applied a limiter. This means the service cannot be rated above requires improvement in the well-led section in this report.
- The manager was aware of their responsibilities such as regular reporting any incidents to the local authority where required.
- There were systems in place to review and complete audits. Where issues were identified, appropriate actions were taken to ensure improvements were made. Where actions were identified we found these were addressed appropriately.
- However, we found that medicine audits needed improving. Medicine room temperature checks are required to be taken and documented daily but were not always completed. There were only three occasions during October 2020 when recordings for room and fridge temperatures were documented.
- Medicine audits completed also showed that all oxygen checks were in place, however there was no oxygen held at the service. We discussed this with the nominated individual who confirmed medicine audits will be reviewed and completed appropriately.
- Staff received support in their role, with appropriate training to ensure good standards of care and support.

Continuous learning and improving care

- The Nominated Individual worked closely with the manager to support their learning and development. The manager confirmed that taking on the role of manager from their previous role as deputy manager. there had been good development and this was ongoing.
- The manager was supported by the provider to review audits However, they had not identified the issues we found in relation to the medicine audit.
- The service has made some improvements since the last two inspections and are continuing to do so.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had an open-door policy and supported staff with monthly one to one supervision. Staff confirmed the manager's door was always open and they felt supported.

- People decided when and how their care was provided. For example, what time they got up or when they needed help with their daily needs.
- Staff were made to feel valued and listened to. One staff member said, "It's a good team, everyone gets treated the same, very professional."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager ensured people's views were sought and that they were engaged with making personal choices about their care and food they wanted to eat.
- Feedback from relatives and other professionals was positive, compliments viewed praised staff and the care provided. People we observed were content and supported by staff that understood their responsibilities.

Working in partnership with others

- The provider worked with partner agencies involved in people's care such as safeguarding authorities and healthcare professionals. This had led to joined up care having a positive impact on people's care and improvements at the service.